BULLETIN

of the

MAHONING COUNTY MEDICAL SOCIETY

Volume LIV *Number 3*

MARCH, 1984

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1984 - MAHONING COUNTY MEDICAL SOCIETY MEETINGS - 1984

Tuesday	Tuesday	Tuesday	Tuesday	Tuesday	Tuesday
Jan. 17	Mar. 20	May 15	Sept. 18	Nov. 20	Dec. 18

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MARCH, 1984

Advertiser List

From the Desk of the President

This is *the* year "1984" — the year of big brother and big government. The budget and its horrendous projected deficit is one aspect of big government. The anti-doctor is using this as an opportunity and is again trying to socialize medicine by the dictatorial powers of mandatory assignment, mandatory fees and mandatory submission aimed at those who wish to care for medicare and/or medicaid recipients.

The national health care budgets are quite high but this mainly represents enlarging medicare and medicaid populations, inflation and ever increasing advances in medical care. We, the doctors, are only a minor part of this budget but take the brunt of the anti-doctor propaganda. Executive Vice President Dr. Sammons of the AMA stated, on the McNeil-Lehrer public TV program, that doctors have done quite well in limiting fee increases in 1983 but, again, we are the scapegoat for government fiscal irresponsibility.

One wonders about the backgrounds of the anti-doctors. Are they pre-med failures who go on to Ph.D.'s or lesser accomplishments? Are they just jealous of achievement and hard work? Are they true socialists?

We live in a great democracy with unlimited personal potential in every aspect of life. If national socialism is propagated it should be for the many and not just the medical few.

The government's biggest outlay is for the military. How much of that is for double-dipping pensions that increase with inflation? How much of it is for disability pensions for high officers who suffer only from the normal aging processes? How much is for overpayment for military supplies and the purchase of counterfeit supplies? How much is for sitting-duck ships which are big and therefore costly in materials and manpower? A strong defense is our government's most important mission, but even Senator Nunn, an advocate of a good defense, said on the McNeil-Lehrer program that there is no doubt that the military budget will be cut.

Dr. Sammons rightly noted that mandatory assignment has not saved the government any money because the government pays what it wishes to pay, whether a patient and doctor use the assignment process or not. Fixed fees are fine, if everybody's fees are fixed for both services and materials. This should also include a fixed federal budget.

I also feel that pre-med should be eliminated—at least for the first 2 years of college. A limited number of medical school aspirants can certainly be given the requisite courses in a 3rd and/or 4th year of undergraduate education. Let us stop creating unlimited numbers of frustrated human beings who may become anti-doctors.

Glenn J. Baumblatt, M.D.

BULLETIN
of the Mahoning County Medical Society

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Editorial

MEDICINE U.S.A. 1984

The recent report of the surgeon general was a good report card on American Medicine.

The health of people in general is better than at anytime. To count a few of the "betters", the life span has increased; incidence of strokes and heart diseases is decreasing, a plethora of immunizations are preventing many childhood infections, dental carries are reducing in incidence.

There are a few differences between the quality of medical care in this country as compared to other lands.

In this country, educated guesses are used to the minimum in making a diagnosis and treatment is usually started after a definitive diagnosis. This improves the cure rate.

Among the causes of morbidity and mortality, infections are close to the lower end of the ladder, thanks to improved sterilization, use of disposable paraphernalia for treatments, and new antibiotics being discovered every year.

A whole new era of study of living anatomy and physiology has been opened by the use of non-invasive diagnostic techniques. The *Cat Scanner* is leading the way. It has improved the speed and scope of diagnosis. Many unnecessary surgeries have been avoided. Further, these techniques are teaching us new lessons in the natural history of diseases. It seems, "Truth need not be learned only at the postmortem all the time".

One example of new diagnosis being added is the realization that 10 to 20% of the population may have Floppy Mitral valves.

The strides of new technology in surgery and anaesthesia have practically eliminated old age as a prohibitive factor for surgery.

Which medicine in the world can claim the speed with which new researches are put to clinical use? None. God help you if you leave the country for a few years, because when you come back your favorite panacea might have become outdated and been buried in the backyard.

There are some areas where more work is needed. This chemically-oriented society has the largest consumption of chemicals through nostrils, mouth and skin. The incidence of various malignancies is on the rise. Here also great strides have been made in early diagnosis and cure.

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American medicine has brought improvement in the quality of life of the elderly. A new branch of geriatric medicine evolved. No wonder there is talk about increasing the age of retirement.

All the above and more has been achieved because American people demand the best, the tools American technology provides are the best and, most of all, American doctors can deliver the best. The battle between disease and its cure is being fought by dedicated members of the profession daily in the doctors' offices, corridors of the hospitals, laboratories and the halls and conferences. It is their long hours of untiring attention to detail, dogged perseverence in the Intensive Care units which wins them the day. Physicians work with an unflapable mind, where success and failure of the results of the therapy do not affect the mental tenor and he can stay objective in making clinical decisions. They tailor treatment to the individual patient to such a degree that no socialized medicine can match it.

When we talk of American medicine, let us talk of quality because in this we excel. This truth is accepted all over the world by people who come here from abroad for treatment or training.

S. K. Mishr, M.D.

HAPPY BIRTHDAY

Get your annual check-up • Is it time to renew your driver's license?

March 17
J. N. Brucoli
W. P. Burick
P. Soleimani
W. B. Rich

March 18
K. E. Camp
P. A. Dobson

March 22
F. A. Friedrich
A. F. Azimpoor

March 23
D. J. Limbert

March 24
R. Roland

March 27
R. L. Gilliland
C. A. Amedia, Jr.

March 29
F. C. Tiberio

March 30
C. M. Lee

March 31
P. B. Cestone
E. F. Sabado

April 1
P. E. Krupko

April 3
B. A. Slabochova

April 4
R. S. Richards
J. D. Moore

April 5
L. Bloomberg
S. K. Garg
B. Dayal

April 6
J. F. Ervin

April 8
T. N. Detesco

April 9
A. Z. Rabinowitz

April 10
J. J. Anderson
J. Mehta
R. R. Miller
D. E. Lagoutaris

April 11
R. J. Cuttica
D. H. Smile

April 12
A. B. Cinelli
B. S. Gordon

April 13
R. J. Heaver

April 15
J. E. Might

AND IT IS SAID

In nature there are neither rewards nor punishments: there are consequences.

Today is the tomorrow you worried about yesterday.

PROCEEDINGS OF COUNCIL
Feb. 14, 1984

The regular meeting of the Council of the Mahoning County Medical Society was held Tuesday, Feb. 14, 1984 at the Youngstown Club.

The meeting was called to order at 7:34 p.m. by Dr. Baumblatt. The minutes, having been read, were approved.

The bills list was read and a motion made, seconded and passed to pay each of the bills listed.

The following applications for membership were presented by the Censors:

Active: Kolli M. Prasad, M.D.
Associate: Tom E. Campbell, M.D. Roger J. Hucek, M.D.
David H. Smile, M.D. Paul A. Wright, M.D.

The applications were approved. The applicants will become members of the Mahoning County Medical Society in the voted category 15 days after the printing of the names in the circulated minutes of the meeting unless objection is filed in writing with the executive director before that time.

Communications included:

A thank you from the family of Dr. Einfalt;

A communication from N.E. Ohio Senior Citizens Council concerning Medicare assignment acceptance by physicians;

A request from OSMA for comments about OSMA involvement as a statewide PRO;

A notice from OSMA about the March 17 deadline for submission of resolutions to the OSMA House of Delegates meeting May 18-20;

A notice concerning possible approval by Health & Human Services of the re-establishing of Health System Agencies;

Agenda for the Spring Seminar of the Americanism Foundation to be held in Norwalk, Ohio;

Offer from Gluck Agency to present the PICO Loss Awareness Program;

Announcement of the AMA Awards Program.

The Program Committee reported the speaker for the March 20 meeting of the Society will be Youngstown Mayor Patrick Ungaro and the speaker for the September meeting of the Society will be J. Phillip Richley, VP of Development for the Cafaro Corp.

The Constitution Committee presented a recommended addition to the membership transfer section of the Society by-laws. A motion was made, seconded and passed to approve the recommendation. The by-law change will be presented to the membership at the March 20 meeting of the Society and then voted on at the May 15 meeting.

The Public Relations Committee presented three recommendations to the Council that are designed to enhance the image of the membership and the Society. The recommendations were approved by the Council.

Sixth District OSMA Councilor Dr. J. J. Anderson gave a legislative overview and informed the members of particular legislation that they should be watching for.

The executive director requested permission to circulate a list of professionals versed in assistance to impaired physicians. Permission was granted.

The executive director reported that copies of the Flexner Report on Medical Education In The United States should be available in the libraries of the several hospitals and could possibly be obtained by order, if listed in Books In Print.

An insurance proposal was referred to the Insurance Committee for evaluation and possible recommendation.

A suggestion from a Council member was made that the Society take on a public anti-smoking campaign as a public relations project. The idea was referred to the PR committee.

Announcements included the next Society meeting on March 20 that will feature Youngstown Mayor Patrick Ungaro as speaker; and the Scholarship Dinner on April 12 that will feature a speaker on the origin and uses of laser.

The meeting adjourned at 8:40 p.m.

Robert B. Blake
Executive Director

CENTER SECTION PULLOUT

The four middle pages of this bulletin are designed to be pulled out and placed in the physicians' waiting rooms to be read by their patients. This is a recommendation of the Public Relations Committee and was approved, Feb. 14, by the Council.

This is the PATIENT INFORMATION SECTION of the **Mahoning County Medical Society BULLETIN**

it is made available by the doctors of the Mahoning County Medical Society to provide information about little known aspects of the practice of medicine . . .

WHAT DOCTORS DO BEHIND THE SCENE

In this time of cost consciousness and increased consumer awareness I have frequently overheard hospitalized patients exclaim their dissatisfaction over the brevity of their doctors' hospital visit. "He only spends five or six minutes with you, but you should see his charges" one patient says to his room-mate. It occurred to me that the public has very little knowledge about some of the things their doctors may do when they are out of sight and out of hearing range. The following article is intended to inform patients of some of the "behind-the-scenes" activities that occupy your physician's time and efforts in the furtherance of good patient care and the coherent organization of medical affairs.

1. When a patient is in the hospital his doctor must spend time writing notes on the chart, instructing the nurses, contacting the lab for results, looking at x-rays plus coordinating the scheduling of a variety of tests. The hospital chart must be kept up-to-date and at the time of discharge must be completed to the satisfaction of the hospital administration. Nurses, physical and respiratory therapists, social workers may have questions and they need direction and information. All this takes time, but the patient does not see it. The "five-minute" visit may sometimes require thirty minutes of "behind-the-scenes" activity.

2. Although most physicians are motivated to keep up with the tremendous growth in medical progress few patients know that continuing medical education is mandated by state law. Some of this may be obtained at the local hospital, but frequently requires going out of town for conferences, usually at considerable expense and time away from family and home.

3. The Medical Staff at your local hospital is highly organized. There are many committees, departments, divisions and staff functions that require the doctors' time. In 1981 the average physician spent approximately 2 hours per week in unpaid hospital committee work. The patient does not see this but it shows up in the smooth and efficient operation of the hospital.

4. The patient may not see any direct relationship between medical organization and his or her medical care but in a complex society professional organizations are a necessity. Doctors volunteer time to local, state, and national associations. They also belong to various specialty societies and attend their meetings to exchange information and provide a mechanism for certification of specialists. These organizations provide the public with a means of obtaining information and serve to advise various governmental agencies and bureaus and also provide a means for monitoring the quality of medical care. You could not be reading this article without the existence of the Mahoning County Medical Society.

5. A profession must provide for its continued existence and growth or it will soon disappear. A physician's training is incomplete when he or she finishes medical school. Many doctors in Youngstown give freely of their time and expertise in the training of younger colleagues, the interns and residents who participate in patient care. You may not see your doctor teaching and guiding the younger physician but this is done willingly and contributes much to patient care.

6. This is a complex society and medicine has necessary inter-relations with other institutions and professions. You may not know it but your doctor may have to deal and communicate with your employer, or the Industrial Commission, your attorney, insurance companies, schools, the Motor Vehicle Bureau, the police, the courts, the Visiting Nurses Association, nursing home personnel, peer-review organizations, the Social Security Administration, and many other organizations that have an interest or a stake in your medical condition. Time is spent on the phone and in writing reports and answering letters. This is time spent away from patient care but is something patients expect their doctors to do for them.

So, the next time you hear your hospital room-mate complain tell him what you learned from this article.

L. N. Green, M.D.

AN OUNCE OF PREVENTION IS A POUND OF CURE

Whenever we purchase a car, or other piece of delicate equipment, we know that the warrantee is only valid if preventive maintenance and care requirements are fulfilled. When we are born, we are not born with a warrantee. However, the same principles of preventive maintenance apply to this very intricate and delicate machine, the human body.

Our preventive maintenance program begins in utero as mothers-to-be are urged to stop smoking, to eat a healthful diet, and to be aware of the impact they have on the life they carry within them.

In early infancy, through a series of well-baby checkups and immunizations, we continue our preventive maintenance enabling the possibility of problem-free growth and maturation through adolescence into adulthood. Granted the road is sometimes beset with obstacles. Those are the times that active intervention on the part of the health care provider, the physician, is indicated.

Young adulthood is a period of relative freedom from medical problems. However, it is the time for individuals to assist their physician by participating in their own personal health care. It is the time for young women to learn self-breast examination and to begin regular pelvic exams and pap tests. It is the time for young adults of both sexes not to develop bad habits which will ultimately have irreparable effects upon their well-being. At this stage, peer pressure is very demanding and not without consequence. The habits or vices we nurture in our youth remain with us for a very long time.

There is need for periodic health checkups. We cannot turn our backs on our genetic backgrounds. We are the victims of our genes modified by our environment. Individuals with strong family histories of coronary artery disease, high blood pressure, diabetes, cancer do run a higher risk of developing similar problems than those individuals not graced by such familial endowment. The 35 year old male executive who presents to the emergency room with an acute myocardial infarction can likely owe his condition to his genetic predisposition, his cigarette smoking and possibly even the stresses of living in the twentieth century. The 27 year old female hospitalized with a pulmonary embolus is likely a victim of the oral contraceptive she has been taking to limit her family size and thus, indirectly, a victim of the medical advances of this same century.

As we advance through the middle years and into those of retirement, regular checkups take on even more importance. The principle of preventive medicine is still strongly applicable. With the onset of the golden years, old medical problems frequently worsen and new ones associated with aging commonly arise. At the same time, the very people who need intensification of medical interest and therapy are the same ones who no longer receive the benefits of health insurance that they enjoyed when they were young productive members of society. The cost of health care is thus a major concern to this age group. How important is it, therefore, to maintain a high standard of medical care -i.e., to find the elevated blood sugar, the hypertension, the abnormal chest x-ray, etc., and to do something about such situations early. Thus, hopefully, lengthy and costly hospitalizations can be avoided.

In summary, the well-being of the intricate and delicate machine, the human body, is the responsibility not only of the physician, but also of the individual to whom it belongs. By working together, the physician and patient can provide preventive maintenance and care to ensure, as much as possible, a high quality of life that is untethered by unnecessary medical burdens and free to pursue the quest for personal fulfillment.

Patricia O. Miller, M.D.

YOUTH

Youth is not entirely a time of life — it is a state of mind. It is not wholly a matter of ripe cheeks, red lips or supple knees. It is a temper of will, a quality of imagination, a vigor of emotions.

Nobody grows old by merely living a number of years. People grow old only by deserting their ideals. You are as young as your faith, as old as your doubt; as young as your self-confidence, as old as your fears; as young as your hope, as old as your despair.

In the central place of every heart, there is a recording chamber; so long as it receives messages of beauty, hope, cheer and courage, you are young.

When the wires are all down and your heart is covered with the snows of pessimism and the ice of cynicism, then and then only have you grown old.

In Memoriam

WILLIAM H. EVANS, M.D.

1897 - 1983

Dr. William H. Evans, 85, died September 27, 1983 in Boca Raton, Fla. Community Hospital where he had been a patient for 10 days.

Dr. Evans was born in Rockport, Indiana although his parents lived in Hardinsburg, Kentucky at that time. He took his undergraduate work and graduate work at the University of Louisville, interned at Louisville City Hospital and practiced at the Kentucky State Reformatory in 1921-22.

Dr. Evans took a residency in ophthalmology at Massachusetts Eye and Ear Infirmary in 1923-24, and followed that with an internship at Harlem Eye and Ear Hospital and an residency at New York Ear and Eye Infirmary.

In 1925, he came to Youngstown and was associated with Dr. R. D. Gibson and Dr. H. J. Beard. During his years of practice, he was also associated with Dr. Elmer J. Wenaas and Dr. Robert E. Odom, while in his later years he was associated with Dr. Paul E. Ruth and Dr. L. O. Gregg.

Dr. Evans was the guiding force behind the organization of the local chapter of the Medical Assistants Association and, until his death, was chairman of the Medical Assistants Advisory Committee of the Mahoning County Medical Society. A former president-elect of the Medical Society, Dr. Evans also was a member of Ohio State Medical Association, the American Medical Association, American Society of Ophthalmologic and Otolaryngologic Allergy which he served as president; the Ohio Ophthalmologic Society which he served as president; and numerous other specialty organizations.

He served briefly in World War One and was a commander in the Navy during World War Two, serving in the Pacific as a surgeon on a hospital transport.

Dr. Evans was the first chairman of the Mahoning County Medical Society's medical and health exhibits at Canfield Fair, was a Kentucky Colonel, and a member of the Youngstown Club and the Youngstown Country Club.

LOUIS H. SCHARF

1906 - 1984

Dr. Louis H. Scharf, 78, died January 14 in Holy Cross Hospital in Fort Lauderdale, Fla. of a heart ailment.

Dr. Scharf was born in Bereby, Czechoslovakia and received his medical education in Prague, where he graduated in 1932.

He came to the United States in 1948 and to Youngstown in 1953. He was founder and director of the Columbiana County Mental Health Clinic. He was director of Woodside Receiving Hospital until he entered private practice in 1957. He also practiced at the VA Hospital in Brecksville, and was on the faculty at NEOUCOM.

Dr. Scharf was a member of the Mahoning County Medical Society, the Ohio State Medical Association and the American Medical Association, as well as other professional organizations. In 1982, he received his 50 years in medicine award from OSMA.

YHA CME

MARCH 15, 1984. 8:00 A.M. Hitchcock. "Genespeak — An Understanding of the New Genetics". Peter Rowley, M.D., University of Rochester. Cat. I and Presc. - 1 hour.

APRIL 5, 1984. 8:00 - 3:15 P.M. Mr. Anthony's. Fourth Annual Cancer Symposium. Three outside speakers and two local speakers. Cat. I and Presc. - 4 hours.

A DRG DICTIONARY

DRG's? PROs? TEFRA? Has the fed's phraseology left you flummoxed? If so, the following glossary of terms frequently used when discussing the new Medicare prospective pricing system should help you sort things out and can serve as a handy reference in the future.

DRG (Diagnosis-Related Group) - One of 467 discharge classifications as defined by researchers at Yale University; each discharge classification is assigned a number (e.g., DRG 161 is a hernia repair, DRG 302 is a kidney transplant) and under the new Medicare plan has a specific reimbursement rate.

DRG Creep - The artificial inflating of diagnoses to obtain higher payment for the hospital.

DRG Price Index - Describes the relative costliness of treating different types of cases.

Gaming - Abuse of the new DRG-based system, such as having multiple admissions for the same patient for the same illness. The Health Care Financing Administration intends to monitor gaming through peer review.

Grouper - The computer software package that will be used by Medicare fiscal intermediaries to determine the appropriate DRG; it is based on information the hospital supplies under the principal diagnosis.

ICD-9-CM (International Classification of Diseases, Ninth Revision, Clinical Modification - A system for classifying diseases and operations according to the problems they present, for the purpose of indexing hospital records; serves as the basis for the set of DRGs that will be used under Medicare prospective pricing.

Length of Stay - The length of an inpatient's stay in a hospital, reported as the number of days spent in a facility per admission or discharge. A hospital's overall average length of stay is calculated by dividing the total number of days in the facility for all discharges occurring during a given period by the number of discharges during the same period.

MDC (Major Diagnostic Category) - A grouping of diagnoses based on an organ system approach. In developing the current set of DRGs, researchers partitioned 23 MDCs, derived from the ICD-9-CM codes, into the 467 DRGs. Each major diagnostic category contains a different number of DRGs. For example, MDC 4 (Diseases and Disorders of the Respiratory System) contains 28 DRGs, whereas MDC 18 (Infectious and Parasitic Diseases — Systemic) has only nine DRGs.

MEDPAR File (Medicare Provider Analysis Review File) - A file of data collected nationally by the Health Care Financing Administration from a 20 percent sample of bills for Medicare beneficiaries discharged from short-stay hospitals; contains billed charge data and clinical characteristics such as principal diagnosis and principal procedures. The information needed to calculate a Medicare case-mix index obtained from the MEDPAR file and from Medicare cost reports.

Outlier - An atypical case that has an extremely long length of stay or unusual cost relative to most cases in the same DRG. The regulations implementing the prospective pricing system are expected to outline specifically what constitutes an outlier and how payment for outliers will be determined.

Per-Case Reimbursement - Reimbursement for medical care on a case basis instead of the traditional fee-for-service approach.

PRO (Peer Review Organization) - Will replace the current professional standards review organization and, as mandated by the new Medicare pros-

pective payment legislation, will be responsible for reviewing (1) the validity of diagnostic information provided by the hospital; (2) the completeness, adequacy and quality of care provided; (3) the appropriateness of admissions and discharges and (4) the appropriateness of services provided under Medicare Part A. Every hospital participating in Medicare must contract with a PRO for utilization and quality review beginning in October 1983, unless there are no PROs operating nearby. As of October 1, 1984, all hospitals must contract with a PRO as a condition for receiving payments under the Medicare program.

Prospective Payment Assessment Commission - A commission of 15 experts selected by the Office of Technology Assessment that will review DRG payment levels and make recommendations to the secretary of Health and Human Services starting in 1985; in addition, it will assess new technologies and recommend whether and to what extent they should be reflected in DRG payment levels. Nominations for the Commission were sought from physician organizations, including national medical specialty organizations, nursing organizations, hospital groups, and other groups in the health care arena, as well as from business, labor and elderly groups.

Prospective Pricing - A method of paying hospitals in which full amounts or rates of payment are established before any services are provided, and in which hospitals are paid those amounts or rates regardless of the costs they actually incur. Prospective pricing may involve limits on a hospital's total revenue, or controls on payment per day, per admission (or discharge), per type of case (or diagnosis), or per unit of service. The term is interchangeable with "prospective payment."

Retrospective Cost-Based Reimbursement - The method of hospital payment currently used in the Medicare program, in which payment is made to the hospital for covered services rendered to beneficiaries during the preceding year(s), and in which hospitals are reimbursed for the "reasonable costs" incurred in providing such services.

Sole Community Provider - One of a group of hospitals which, by reason of factors, such as isolated location, absence of other hospitals, and weather and travel conditions, is the sole source of inpatient hospital services reasonably available to Part A Medicare beneficiaries in a geographical area. These facilities are slated to receive special adjustments to the DRG rates under the Medicare prospective pricing system.

TEFRA (Tax Equity and Fiscal Responsibility Act of 1982) - The massive omnibus spending reduction bill signed into law in September 1982; contains numerous modifications to federal health programs. Among those modifications is a directive that the U.S. Department of Health and Human Services (DHHS) develop by December 31, 1982, a prospective pricing proposal for hospitals under Medicare. DHHS met this deadline, and its proposal, based on DRGs, formed the basis for subsequent Congressional action.

Transition Period - The three-year period beginning October 1, 1983, during which the prospective pricing system will be phased in. During this period, hospital Medicare payment will be determined both by existing law and by DRG rates. Each succeeding year, the DRG rates will constitute a greater portion of the payment determination. Finally, as of October 1, 1986, the payment received will be the nationally adjusted DRG rate (urban or rural.)

Unbundling - A type of gaming in which patients are treated outside the inpatient setting so as to get payments in addition to the DRG rate. Part of the regulation to become effective October 1, 1983, will be devoted to preventing unbundling.

IT SEEMS TO ME . . . .

I saw the handwriting on the wall for medicine and our society when I ended private practice some 20 years ago to enter medical education.

The *United Mine Workers* and their restrictive health care programs, among other group prepaid and additonal plans, were being flaunted. Government regulations piled upon government regulations. Limited and discounted payments with mountains of paper grew. Proliferation of attorneys and accelerating frivolous malpractice actions swelled. Post war subsidized research resulted in expensive developments in health care technology which, together with inflation and skyrocketing costs for human services in these areas, have virtually priced much of medical care beyond the financial reach of many people.

We God-fearing, idealistic Americans have always wanted to help everyone. We sometimes extend ourselves beyond what could reasonably be expected.

A convicted murderer attempts to take his own life. We literally bring him back from the brink of death so that we can execute him in a "civilized" manner.

We take all measures to extend the life of a hopeless terminal patient only to let him and his family suffer tremendous physical, emotional and financial pain, with variable support.

The idealistic medical person (which I believe encompasses most of us when we start) is caring and wants to help the unfortunates, regardless of ability to pay. Some continue in a modified idealism. Others are disenchanted, while a few allow themselves to be seduced by subtle enducements.

Divide and conquer seems to be the tactic used — not subtle but effective — pit doctors and hospitals against each other. Recognize certain professionals while ignoring or giving short shrift to others. Let them bicker among themselves while we wipe away opposition, them seem to intimate.

Politicians, labor, business and industry selfishly looked at their profits and allowed, no, promulgated, sharp rises in costs under the guise of "good health is the right of everyone" and proceeded to botch the whole system as they frequently do. Sincere physicians, patients and concerned groups became the victims of these disastrous practices while some short-sighted physicians joined these entrepreneurs in swelling their financial pockets.

In their desire to "correct" what they either refuse to or are unable to accept as their errors, these individuals foist upon us HSA, DRG, PPRA, PRO, HMO, etc. It would appear that they believe the majority of us are as intellectually dishonest as they are. Therefore, they insist that we sign statements attesting that what we sign is true. What has happened to a person's word or his plain signature on a document? Will the dependable, honest human being find his way into a wax museum as a societal quirk?

One has to wonder if the day is not far off when a newborn child will have to justify his own existence. Perhaps, they will rig up a computer which will do it for him!

Richard W. Juvancic, M.D.

QUOTE OF THE MONTH

"It is unclear how far our efforts to control hospital costs will go, but this one is clear: If we go far enough some medical benefits will have to be withheld from at least some patients. Under such circumstances, key questions will arise. Who will decide whether a particular patient is entitled to treatment? What criteria will be used to make the choice? And how will we learn to live with the answers?

William B. Schwartz
Henry J. Aaron
New England Journal Of Medicine

12 GREENHOUSES 52 ACRE NURSERY GARFIELD RD.

#253. Minutes south of Boardman. 2 dwellings, spring house, heated greenhouses, 4 storage and machine shed buildings, 46 x 100 2-story chicken house, garages for 9 cars, 63 x 90 barn surrounding historic log barn, 38 x 44 repair/workshop, 2-bay drive-in cooler building. Situated on 52+ acres with approx. 1355' road frontage. Best offer.

☆ ☆

432-ACRE PENNSYLVANIA FARM

#285. 3 dwellings, 9 farm buildings including barns plus 4 metal grain bins, 50 x 108 newer Martin metal building. All mineral rights, 2 miles of hard road frontage, high state cultivation, about 270 acres tillable, 100 pasture, 60 timber. Located on Rt. 18, Adamsville, Pa., approx. 6 mi. north of Greenville, 6 mi. east of Pymatuning, 50 mi. from Youngstown. Call Dave Bartholomy, Realtor, personally for brochure. Priced to sell, $432,000.

☆ ☆

30 x 80 BLDG. $34,900 COUNTRY

#155. Antique Car Storage!, paint shop, garage, just south of Boardman with beautiful aluminum-sided 6-room, bath and half, 3-bedroom home in top condition. Distress — $34,900 IS the right price!

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Office 758-4525 **MLS** **Residence 758-6027**

AMBULATORY SURGICAL CARE CENTER

Negotiating with tenants or owner-occupants/investors in Boardman for new medical center on Rt. 224 at West Blvd. near Hitchcock Medical Center. A medical ambulatory/surgical care center for out-patient surgery and treatment. Plans are now being made for this much-needed facility. If you are interested in this new location, as a tenant for space for your new office, or as an owner, contact us now for information. Plans to be completed for construction early next year. Entrance/exits on Rt. 224 and from West Blvd. for safety to enter and leave at the traffic light. Please contact Dave Bartholomy, Realtor, personally. 758-4525 or 758-6027.

Proposed. In addition to HMO building and free-standing medical facilities, condominium office building sites on this prime 12-acre, fully-improved Boardman parcel.

Best price and opportunity anywhere.

☆ ☆

LAKE TOMAHAWK — ON THE LAKE

7 rooms, 2-story contemporary, 2 fireplaces, glorious year-round living, wooded lot, scenic frontage. $74,900 or best offer.

☆ ☆

INVESTMENT FARM — 115 ACRES — $125,000

Just west of Canfield, 1631' road frontage, State Route 224, Presently 70+ acres being tilled, balance pasture except for wooded areas, 2 gas wells will be assigned, all mineral rights included. Seller financing, $35,000 down, 10% interest available.

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135-ACRE RETREAT REDUCED TO $50,000

Creek, lake site, formerly tree farm near Fairgrounds. $10,000 down, 10% interest, consider best offer. A PLACE WHERE YOU CAN GET LOST. #165.

☆ ☆

14-ACRE BOARDMAN FARMETTE

#551. South Ave., approx. 400' frontage. Agricultural, but could be Commercial. With 3-bedroom aluminum-sided country home, big double garage. Boardman investment for Commercial, Business, or nice horse farmette. $75,000, 25% down, 10% interest.

☆ ☆

BOARDMAN I-680, 23 ACRES

#574. Near I-680 prime development, commercial area where sales in beer, wine and liquor are permitted. All utilities available. Ideal for large hotel, restaurant, lounge, entertainment center. Entire parcel — $250.000 or seller may divide. POTENTIAL – UNLIMITED! Visability excellent from I-680. Call 542-3396.

DAVE BARTHOLOMY, REALTOR

Office 758-4525 **MLS** **Residence 758-6027**

From the Bulletin

FIFTY YEARS AGO — MARCH 1934

From the annual report of the Youngstown Hospital: "In these days the sick poor seem to have been overlooked. Hospitals failed in their attempt with the government to have hospitalization included with food, shelter and clothing for poor relief. The care of the indigent sick has become too much of a burden for physicians and hospitals."

Plans for a Central Office were maturing rapidly under the leadership of Robert Poling's committee. The Society mourned the passing of M. P. Jones who was loved by everyone. Not until his death was it known that he was the author of a *Bulletin* column known as "Breetus".

Fred Coombs and Carl Gustafson were resident physicians at Youngstown Hospital. T. K. Golden was appointed orthopedist on the staff at St. Elizabeth's. Walter Turner and F. W. McNamara were named the best dressed doctors. Both hospitals announced the opening of their medical libraries. The nurses registry announced a change from a 12-hour day to a 8-hour day.

FORTY YEARS AGO — MARCH 1944

Dr. Emil Novak, the celebrated gynecologist from John Hopkins told the members that only a small portion of menopausal women need any organo-therapy and the use of estrogen has been greatly abused. The poor doctor would probably shudder now to see the amount of Premarin given for osteoporosis, mental depression and such.

Capt. H. E. Hathorn was transferred from Oregon to a port of embarkation in the east. O. M. Lawton was promoted to Commander, Capt. D. E. Beynon was heard from but couldn't say where he was. Capt. Sam Epstein was in the Hawaiian Islands. Barclay Brandmiller was on his way overseas. Gordon Nelson was in Italy. Brack Bowman and Luke Reed were in California. John Noll was promoted to Lt. Colonel. Al Cukerbaum came home on leave and married Beatrice Sandler of New Castle. Major S. D. Goldberg at Camp Davis, N.C., received word of the birth of his son.

M. M. Szucs was at the US. Marine Hospital in Brooklyn, Harold Reese was at a Merchant Marine Medical Center and said he had no use for a stethoscope. Dick Middleton came home on leave to see his new daughter born January 25th.

THIRTY YEARS AGO — MARCH 1954

Editor Detesco said: "Physicians are urged to have plaques telling patients to discuss any grievances with them. We are exhorted to remind our patients that the Society has a Grievance Committee to which they may direct all complaints. This negative approach places every physician on the defensive. The doctor's integrity and honesty are questioned before the patient even consults him. All this is tantamount to self-accusation."

The National Foundation for Infantile Paralysis announced that polio vaccine tests would be conducted this spring on the tissue culture vaccine made by Jonas E. Salk. New antibiotics under investigation were Neomycin, Tetracycline and Erythromycin. It was discovered that Atabrine was effective against lupus erythematosis and a new plant remedy from India, rawwolfia serpentina would reduce blood pressure.

New members that month were: James Smeltzer, Frank Morrison, Anthony Telego, John LoCricchio, Edward Rizk, Alex Rosenblum, Charles Giering, Frederic D'Amato and Leonard Fagnano.

The Cukerbaums, Firestones, Goldens, Phillipses and Scarnecchias were back from a Carribean cruise sponsored by the Pan-American Medical Association.

The Rothrocks, Wenaases, Mathays and J. L. Fishers flew from Cleveland to Parish March 25th for six weeks' tour of Europe sponsored by the American Academy of General Practice.

TWENTY YEARS AGO — MARCH 1964

Youngstown and the Mahoning County Medical Society continued to be represented on the hospital ship HOPE as Dr. E. J. Wenaas arrived for Quayaquil, Ecuador, and Dr. John J. McDonough returned to the ship from his second term of-service. Dr. A. E. Billett, Youngstown oral surgeon rounded out the local trio who saw HOPE service at that time.

Dr. Wenaas was able to make good use of the cataract lenses that he had been collecting as a project in recent years. He took a number of these to Ecuador and gave them to patients. He has sent many lenses to be used in Asia.

Michael Joseph Vuksta was a new member.

TEN YEARS AGO — MARCH 1974

In spite of the opposition of the organized medical professions, PSRO was passed and became the law of the land. President Dr. John Melnick had this to say:

> "Today is the day to submit your plan to control doctors. The intent is to control the selection of his patients; prescribe the drugs he is to administer; tell him where to practice i.e. the region of the country and more recently which side of town; screen his patients prior to admission to a hospital; have the patient recertified every few days to assure continued admission is necessary; have regular checks to be sure each and every treatment and test is absolutely necessary and proper; demand that countless forms are made out for payment; maintain a freeze on his fees and allow every other industry, with the exception of oil, to be relieved of price control; reduce current fees consistently to a prevailing or "acceptable" schedule; require him to absorb increasing costs of material, office personnel; absorb the decreasing value of the dollar due to inflation (which currently exceeds 8%); work harder and longer to maintain his standard of living; prepare in his "free hours" for re-licensure; recertification in his specialty; select refresher courses with the most "brownie points" in order to accumulate a number sufficient to satisfy increasing pressure from many groups to require a given number per year; give more and more of his time to innumerable groups requiring his service on boards, committees, etc.

Editor Dr. Lou Bloomberg took a few swipes at the new law also, stating that it would be more fitting to have a regular view of the politicians in regard to their attendance, voting records, sources of income, etc.

Speaker for the March meeting was Atty. Marvin H. Edwards, former editor of "Private Practice". He spoke before a combined meeting of the Mahoning County Medical Society, 10th District Academy of the Ohio Osteopathic Medical Assn., the Corydon-Palmer Dental Society, and the Mahoning County Bar Assn. and urged renewed efforts to repeal the PSRO law. Dr. Conner White was program chairman.

A resolution to repeal PSRO legislation had already been forwarded to the OSMA for its consideration at the May Meeting.

An all-day-symposium on Breast Cancer was held Saturday, March 16, at the Sheraton Inn on Meridian Rd.

Dr. Carl B. Klodell was elected to the Council of the Mahoning County Medical Society to replace Dr. F. A. Pesa who resigned.

New members that month were Bohumila Slabochova, M.D. for intern-resident member and James Wallace Finn, M.D. for associate member.

Robert R. Fisher, M.D.

Classified Advertising

FARM FOR SALE

500 acres including mineral rights, timber, oil, gas, and coal. Excellent for hunting. Includes two farm houses and all out-buildings. Can be turned into two working farms. Location 300 miles south of Youngstown in West Virginia. Asking $275,000. If interested call Dr. J. S. Gregori, 759-3547.

HOUSE FOR SALE

TRI-LEVEL stone frame contemporary house. One acre of beautiful wooded land in Boardman Township, adjacent to Boardman schools and shopping area. Over 5,000 sq. ft. of living space including four bedrooms, four bathrooms and three fireplaces, formal living room, dining room and library. Solid cherry paneling and parquet floors creates a special setting for den, bar and family room. Laundry room next to large kitchen with service island, skylight, complete built-in appliances, and large dinette area leading onto patio. Ground level recreation room leads onto second patio. Basement area includes laundry room, kitchen area, bathroom and storage/work area. Outbuildings include storage house, two-car heated garage, tennis/basketball court, professionally landscaped grounds, and formal garden. Other features: central vacumn cleaner system, central air-conditioning. For more information call 758-7150.

FOR SALE

Brand new "Principles of Ambulatory Medicine" edited by Drs. Barker, Burton and Zieve. 1982 Waverly Press. Original cost $65.00. Best offer. Call 788-9114.

HELP WANTED

Nurse or Assistant for physician's office in Austintown. Please call 792-5283.

SPACE AVAILABLE

FOR IMMEDIATE OCCUPANCY — 1100 sq. ft. of office space suitable for dentist or medical doctor in Forest Hill Professional Center. 8150 Market Street, Boardman, OH. Call Dr. Friedrich, 758-1411.

FOR RENT

Physician's office space. Available January 1, 1984. 1250 square feet. Call Drs. Keyes, Chevlen or Roland, 744-1184.

REAL ESTATE

Sharp 3-bedroom ranch in Logan Arms. Ideal for executive and physicians. Large wooded lot, professionally landscaped. Owner relocating and must sell. Will finance to qualified buyer at 10%.
Contact 759-7964

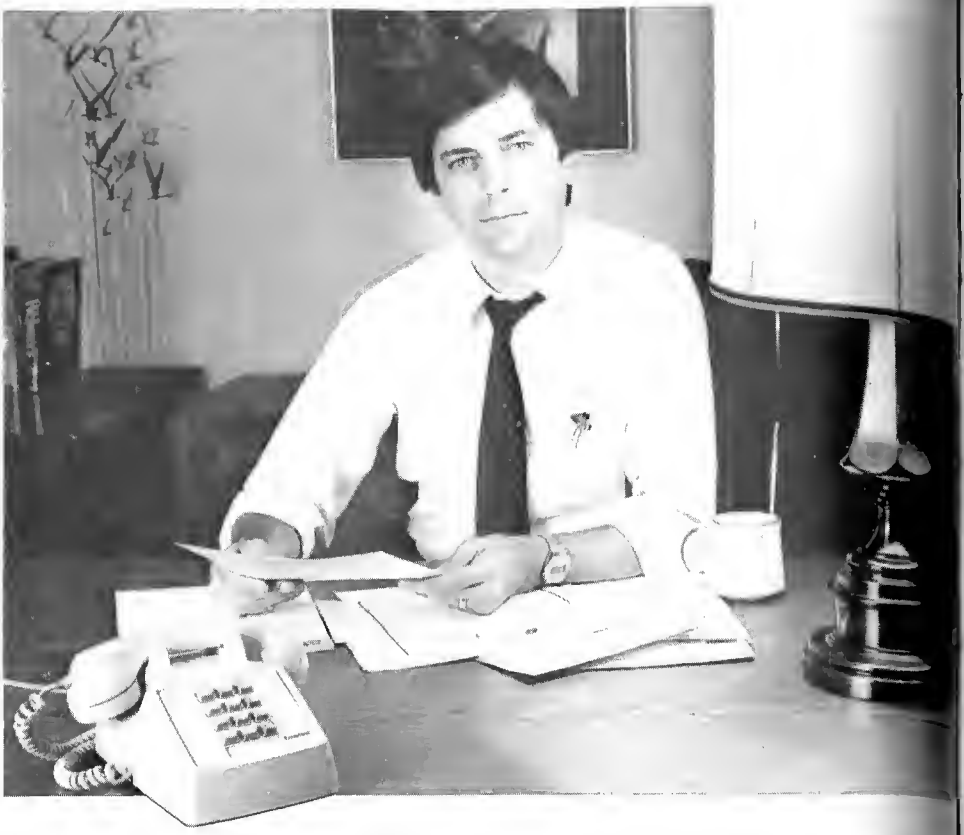
POSITION WANTED

Mature woman seeking position as medical secretary. Part-time student at YSU working toward AAB degree, majoring in Secretarial Studies (medical). Ten years business office experience. Please call Rosemary at (216) 755-2472 or (216) 757-3759.

HOUSE FOR SALE

Boardman area - Squirrel Hill. 3 Bedrm. Colonial. Central Air, many extras. Owner will consider financing 25% down.

Call 743-4170 or 758-1012



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